U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND

Form approved Office of Managemer and Budget No. 1215-0188 Expires 11-30-2008

**EMPLOYEE REPORT** his report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440. For Official Use Only READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 2. Fiscal Year Covered From: 2004 Through: 12 / 31 / 3. Name and address of person filing. 4. Name, file number, and address of labor organization. Name | A Е Boatwright International Longshoremen's Association Labor Organization File Number P.O. Box, Bldg., Room No., if any P.O. Box, Building and Room Number, if any Street 6025 Chippewa Street Suite 301 6025 Chippewa Street Suite 301 City St. Louis ZIP Code + 4 State State ZIP Code + 4 63109 5. Position in labor organization. Secretary-Treasurer Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 6. Name and address of Employer (including trade name, if any). Name TA Pension Find Conference for Plan Administrators @ Lake of Ozarks, MD & International Foundation Mtg for Plan Admistrators and Trade Name, if any: Trustees @ New Orleans, LA. P.O. Box, Bldg., Room No., if any 7.b. Amount. 6025 Chippewa Street, Suite 301 St. Louis City \$1,688,43 ZIP Code + 4 State MO Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

dersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Doatinight

18/11/05

Date

(314) 752-6092

Telephone Number

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is a many part of which consists of buying from or selling or leasing directly or with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	ctively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
·	12.b. Amount.
C. Received from any employer (other than an employer covered L or from any labor relations consultant to an employer any payment of mo	ney of office thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	14.a. Nature of payment.

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

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READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.	
E Sn		
1. File Number U - 93/2	2. Fiscal Year Covered From:	
	OI / OI / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name AE Boatwright	Name International Longshoremen's Association	
	Labor Organization File Number 1765 09 437	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 6025 Chippewa Street Suite 301	Street 6025 Chippewa Street Suite 301	
city St. Louis	City St. Louis	
State MO ZIP Code + 4 63109	State MD ZIP Code + 4 63109	
5. Position in labor organization. Secretary-Treasurer		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name ILA Welfare Fund	Conference for Plan Administrators @ Lake of Ozarks, MD &	
Trade Name, if any:	International Foundation Mtg for Plan Administrators and Trustees at New Orleans, LA.	
P.O. Box, Bldg., Room No., if any		
Street 6025 Chippewa Street Suite 301	7.b. Amount.	
City St. Louis	\$1,688.43	
State MO ZIP Code + 4 63109		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the dersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		

signed Q.E. Boatuight

8/11/04

Date

(314) /52-6092

Telephone Number

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activiny part of which consists of buying from or selling or leasing directly or indusing with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	9. Business deals with:  a. Labor Organization  b. Trust	
Street City ZIP Code + 4	i c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any		
Street		
offeet	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
te ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	